

PATENT APPLICATION DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

81196154

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS		minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT <i>Improper</i>		

RATE	FEE
x\$11=	
x38=	
+120=	
TOTAL	

RATE	FEE
x\$22=	660
x76=	
+240=	
TOTAL	726

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		25	
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	22
x38=	
+120=	
TOTAL ADDIT. FEE	22

RATE	ADDITIONAL FEE
x\$22=	22
x76=	
+240=	
TOTAL ADDIT. FEE	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		28	
Independent	12		3	9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	32.00
x38=	351.00
+120=	
TOTAL ADDIT. FEE	383

RATE	ADDITIONAL FEE
x\$22=	22
x76=	76
+240=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total			
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 01 Feb 95

2 Serial/Patent # 08/196154

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

☒ Other extra claims, multiple fee

\$ 438⁰⁰

7 TOTAL AMOUNT
OF REFUND

\$ 438⁰⁰

8 TO BE REFUNDED BY:

Treasury Check

☒ Credit Deposit A/C #:

9 03--3/25

10 REASON:

☒ Overpayment

Duplicate Payment

No Fee Due (Explanation):

Improper multiple claims

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Charlotta A Burt

TITLE:

Paralegal

SIGNATURE:

Charlotta A Burt

PHONE:

305-30734

OFFICE:

PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

[Signature]

DATE:

2/17/96

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: